

CARLSBAD POLICE DEPARTMENT VOLUNTEER APPLICATION

Please indicate your preference: ☐ Senior Volunteer Patrol ☐ Station Volunteer

PERSONAL

The following information is requested of you for verification and contact purposes:

Your Name <i>Please print or type</i>				
Last		First		Middle
Other names (including nicknames) you have used or been known by:				
Please list address at which you can be contacted.				
Number	Street	City	State	Zip Code
Please list local telephone numbers(s) at which you can be contacted.		() _____ Hrs. you can be contacted:	() _____ Hrs. you can be contacted:	
Birthdate				
Month	Day	Year	You must be a citizen of the United States or a permanent resident alien who is eligible for and has applied for citizenship. Can you provide such documentation? <div style="text-align: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
Social Security Number				
			<i>In accordance with the Federal Privacy Act of 1974, disclosure is voluntary. The SSN will be used for identification purposes to ensure that proper records are obtained.</i>	

RELATIVES AND REFERENCES

During the course of the background investigation, persons who know you will be asked to comment upon your suitability for the position of volunteer. Inquiries will be limited to volunteer position-relevant matters.

In the space below, please list at least five individuals who have known you for at least two years. Exclude former employers. If a category is not applicable, write in "N/A."		
Name/Occupation/Relationship	Address where person can be contacted (Include Zip Code)	Telephone (Include Area Code)
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	
Name	<input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> Home
Occupation		<input type="checkbox"/> Work
Relationship	How long known	

EMERGENCY CONTACT

Name	Relationship	Address
Home Phone		Work Phone

EDUCATION

Please check the appropriate box(es).

- ☐ I possess a high school diploma from a U.S. institution.
- ☐ I passed the G.E.D. (General Educational Development) test.
- ☐ I passed the California High School Proficiency Examination.
- ☐ I possess a two-year college degree.
- ☐ I possess a four-year college or university degree.
- ☐ I do not currently have a high school diploma or its equivalent, but I plan to satisfy the requirement in the future as follows:

Please indicate below all the schools you have attended beginning with high school. During the background investigation, persons who have known you in a learning environment will be contacted. A review of your school records may be made in conjunction with those contacts.

Name of School	Address of School	Dates Attended		School References (teachers, counselors, etc.)
		From Month/Year	To Month/Year	

EXPERIENCE AND EMPLOYMENT

Beginning with your most current employment, please list all jobs (including part-time, temporary, military service and volunteer positions) you have held in the past. If you have had intervening periods of unemployment, please list those periods in sequence in the spaces provided.

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			Mo. Yr. From: /	Mo. Yr. To: /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			Mo. Yr. From: /	Mo. Yr. To: /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			Mo. Yr. From: /	Mo. Yr. To: /
Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			Mo. Yr. From: /	Mo. Yr. To: /

EXPERIENCE AND EMPLOYMENT (Continued)

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. / Yr. 	To: Mo. / Yr.

Dates of employment		Name and address of employer		Name of supervisor
	Telephone No.			
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. / Yr. 	To: Mo. / Yr.

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. / Yr. 	To: Mo. / Yr.

Dates of employment		Name and address of employer		Name of supervisor
From Mo. Yr. /	To Mo. Yr. /		Telephone No.	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Volunteer		Title or duties		Names(s) of co-worker(s)
Reason for leaving				
<input type="checkbox"/> Not employed			From: Mo. / Yr. 	To: Mo. / Yr.

LEGAL

If you have ever been arrested or convicted for any crime excluding traffic citations, please give the following information:		
Date	Police Agency	Circumstances
Have you ever been placed on court probation as an adult? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details (when, where, why).		
Have you ever been reported to a law enforcement agency as a missing person or a runaway? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details (date, law enforcement agency, circumstances).		
Are you now or have you ever been involved as a plaintiff or defendant in any civil court action? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please give details (when, where, name and location of court, circumstances).		

MOTOR VEHICLE OPERATION

Operation of a motor vehicle may be an integral part of the position of volunteer. An investigation of your driving history will be made through a records check.

California driver's license number			Expiration date
Name under which license was granted			
Please list other states where you have been licensed to operate a motor vehicle.			
State	State	State	State
Name under which license was granted	Name under which license was granted	Name under which license was granted	Name under which license was granted
Have you ever been refused a driver's license by any state? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain (when, where, why).			
California law requires that operators and owners of motor vehicles be covered by automobile liability insurance or bond or deposit of \$35,000 with the Department of Motor Vehicles. Therefore, please list the current liability insurance you have with your motor vehicle(s).			
Company	Address	Policy Number	Date of Expiration
If you are bonded or have deposited \$35,000 to meet your motor vehicle financial responsibility, please indicate. <input type="checkbox"/> Bond <input type="checkbox"/> \$35,000			
Please list all traffic citations you have received within the last 5 years.			
Nature of Violation	Location (city)	Approximate Date	Indicate whether fined or action taken on driver's license
Have you ever been involved as a driver in a motor vehicle accident within the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details for each accident.			
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	
Police investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency		
Date	Location	<input type="checkbox"/> Injury <input type="checkbox"/> No-injury	

MOTOR VEHICLE OPERATION (Continued)

If there is anything you wish to discuss about your driving record, please use the space below.

Has your license ever been suspended, revoked, or placed on negligent operator's probation? ☐ Yes ☐ No

If yes, please give details (what, when, where, why).

SUBSTANCE USE

Have you ever used any controlled substance without a prescription? ☐ Yes ☐ No

If yes, please check all types of substances used:

Marijuana (Grass, Pot)	<input type="checkbox"/>	Hashish/Hash Oil	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	PCP (Angel Dust, Crystal, Rocket fuel, KI)	<input type="checkbox"/>
Amphetamines/Methamphetamine	<input type="checkbox"/>	Quaaludes (Ludes)	<input type="checkbox"/>
(Uppers, Speed, Crank)		Barbiturates (Downers, Reds)	<input type="checkbox"/>
Psilocybin (Magic Mushroom)	<input type="checkbox"/>	Hallucinogens (LSD, STP, DMT,	
Heroin	<input type="checkbox"/>	MDA, DET, Synthetic THC)	<input type="checkbox"/>
Mescaline/Peyote	<input type="checkbox"/>	Morphine/Demerol	<input type="checkbox"/>
Amyl Nitrite (Poppers)	<input type="checkbox"/>	Thai Sticks (Opiated Grass)	<input type="checkbox"/>
Other:			

Explain (year first used, month/year last used and total times used):

BACKGROUND INFORMATION

Have you ever been refused insurance for any reason other than failure to pay a premium? ☐ Yes ☐ No

If yes, please explain (include company name and address, date and reason).

Have you ever applied for a permit to carry a concealed weapon? ☐ Yes ☐ No

Permit granted? ☐ Yes ☐ No Date: _____

Name of law enforcement agency: _____

Purpose:

List all weapons in your possession by make, model, and serial number:

BACKGROUND INFORMATION (Continued)

Have you ever been a successful or unsuccessful candidate, for any law enforcement agency, including this department? If so, please list all agencies starting with the most recent.		
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
Submitted Application Only <input type="checkbox"/> Status and/or Results:	Background Investigation Conducted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Polygraph? <input type="checkbox"/> Yes <input type="checkbox"/> No Medical? <input type="checkbox"/> Yes <input type="checkbox"/> No
Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
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Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
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Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
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Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)
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Agency - address, zip code, phone	Position/Classification	Date (Mo./Yr.)

MISCELLANEOUS

Discuss any information of a NEGATIVE NATURE which has not been dealt with in this application that might be relevant to your qualification as a volunteer.

I hereby certify that all statements made in this volunteer application are true and complete and I understand that any misstatements of material facts will subject me to disqualification or dismissal.

Signature in full

Date

PERSONAL INTERESTS AND HOBBIES

SPECIAL SKILLS

Thank you for your time in completing this volunteer application. If you have any questions regarding this application, please call 760-931-2181 (Station Volunteer) or 760-931-2214 (Sr. Patrol). Please return it to:

(for Station Volunteer applications)
Carlsbad Police Department
Attn: Jane Meadows
2560 Orion Way
Carlsbad, CA 92010

(for Sr. Patrol Volunteer applications)
Carlsbad Police Department
Attn: Sr. Patrol
2560 Orion Way
Carlsbad, CA 92010